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FEE TRANSMITTAL		Complete if Known	
		Application Number	10/594,907
		Filing Date	August 7, 2008
		First Named Inventor	Takeshi SAKAMOTO
		Examiner Name	M. Jung
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Art Unit	2895
		Attorney Docket No.	046884-5519-00-US-232060
TOTAL AMOUNT OF PAYMENT		(\$)	180.00

**METHOD OF PAYMENT** (check all that apply)

☐ Check    ☒ Credit Card    ☐ Money Order    ☐ None    ☐ Other (please identify): \_\_\_\_\_

☒ Deposit Account    Deposit Account Number: 50-0573    Deposit Account Name: Drinker Biddle & Reath LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below    ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17    ☒ Credit any overpayments

**WARNING:** Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	380	190	620	310	250	125	
Design	250	125	120	60	160	80	
Plant	250	125	380	190	200	100	
Reissue	380	190	620	310	750	375	
Provisional	250	125	0	0	0	0	

**2. EXCESS CLAIM FEES**

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	60	30
Each independent claim over 3 (including Reissues)	250	125
Multiple dependent claims	450	225

<b>Total Claims</b> _____ - or HP = _____ x _____ = _____ HP = highest number of total claims paid for, if greater than 20.	<b>Extra Claims</b> _____ x _____ = _____ Fee Paid (\$)	<b>Multiple Dependent Claims</b> Fee (\$) Fee Paid (\$)
<b>Indep. Claims</b> _____ - or HP = _____ x _____ = _____ HP = highest number of independent claims paid for, if greater than 3.	<b>Extra Claims</b> _____ x _____ = _____ Fee Paid (\$)	

**3. APPLICATION SIZE FEE**

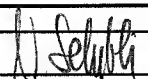
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$310 (\$155 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
_____ - 100 = _____	_____ / 50 = _____	(round up to a whole number) x _____	= _____	

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): 1806 Submission of an Information Disclosure Statement 180.00

<b>SUBMITTED BY</b>			
Signature		Registration No. (Attorney/Agent)	56,994
Name (Print/Type)	Nikolaus P. Schibli		Telephone
			202.842.8800
		Date	April 4, 2012